

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020443

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5014

STATE FILE NUMBER

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis (10)**Length of stay in lb
3 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTYc. CITY
OR
TOWN **St. Louis (11)**Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION **Bethesda Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5328 A.S. Compton Ave

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Louie

Middle

Oliver

Last

Graham Sr

4. DATE OF DEATH

Month

Day

Year

5-16-1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-29-1882

9. AGE (last birthday)

79 Yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Press Feeder

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Pulaski Tenn

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Milton Graham

13b. MOTHER'S MAIDEN NAME

Patti Johnson

14. NAME OF HUSBAND OR WIFE

Alice Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Address

Alice Graham 5328 A.S. Compton Ave18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGEINTERVAL BETWEEN
ONSET AND DEATH**30 min**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

HYPERTENSION (ARTERIO SCLEROSIS)**?**

DUE TO (c)

GENERALIZED ARTERIO SCLEROSIS**?**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**FIRST CEREBRAL HEMORRHAGE 4/25/62****331X**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 15, 1958

to

and last saw her

him

alive on

5/16/62

Death occurred at

10:38 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

May Starbuck M.D.

22b. ADDRESS

512 DOVER PLACE

22c. DATE SIGNED

5/16/6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

5-19-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Lemay (23) Mo

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Pendler Und. Co 7420 Michigan Ave

25. DATE RECD. BY LOCAL REG.

MAY 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.USE, BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Strickland
512 Denver Pl
JL-3-1706

Mills & Sons
The Office House Thursday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.